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03-12-07

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/667,989	
Filing Date	September 22, 2003	
First Named Inventor	Denis Jolivet	
Art Unit	2872	
Examiner Name	James Phan	
Attorney Docket No.	481062.408C1	

ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application		Drawing(s) Request for Corrected I Receipt Licensing-related Pape Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Addred Declaration Statement under 37 CF 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of	Filing [A C A B Ir A T R P S R ic Decla Support with E Phyllis	Inter Allowance Communication to TC Impeal Communication to Imperimentation of Imperimentation of Impeal Communication to Impediate Imperimentation of Imperi		
7 Sheets of Replacement Drawings (Figures 1-7)							
	SIGNATUR	RE OF APPLICANT, ATTOR	RNEY, O	RAG			
Firm Name Seed Intellec		ctual Property Law Group PLLC		Customer Number 35243			
Signature Eric M. Ringe							
Printed Name Eric M. Ringer							
Date March 8, 200		7	Reg. No).	47,028		
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Signature							
Typed or printed name			C	Date:			

لـــا	Enns numunat to the O	onsolidated Asser	ondations Ast 20	05 (H P 4910)	Complete if Known						
ē	Eees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Application N	Application Number 10/667,989							
	FEE TRANSMITTAL			Filing Date			22, 2003				
	For FY 2007			First Named	Inventor	Denis Jolive	t				
b s	v _{8 2001} g For FY 2007			Examiner Na	ame	James Phan)				
	App®c¢ant claims s				Art Unit		2872				
STA	TOTAL AMOUNT O		(\$)1,500)	Attorney Doo	ket No.	481062.408	C1			
Ÿ	METHOD OF PAYM	ENT (check a	II that apply)								
	Check Cree	dit Card	Money Orde	er 🛮 Other	(please identify	/):					
	Deposit Account	Deposit A	Account Numb	oer: <u>19-1090</u>	Deposit Accor	unt Name: §	Seed IP Law	Group PLLC			
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
	☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpayments										
	of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and										
	authorization on PTO-203		ome public. Crei	an cara information	should not be incu	ded on this for	III. Flovide Gedi	t Card information and			
	FEE CALCULATION	V									
	1. BASIC FILING, S	SEARCH, ANI	EXAMINAT	ION FEES							
		FILING	FEES	SEARC	CH FEES		NATION				
				<u> </u>	==5	FE	EES				
			Small Enti	<u>ty</u>	Small Entity		Small Entity				
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)			
	Utility	300	150	500	250	200	100				
	Design	200	100	100	50	130	65				
	Provisional	200	100	0	0	0	0				
	2. EXCESS CLAIM			· ·	· ·	·	•	Small Entity			
	Fee Description						<u> </u>	Fee (\$) Fee (\$)			
	Each claim over 20 (in	ncluding Reiss	ues)				_	50 25			
	Each independent cla	im over 3 (incl	uding Reissue	es)				200 100			
	Multiple dependent cl	aims						360 180			
	Total Claims	Extra Cla	aims	Fee (\$)	Fee Paid	(\$)	Multiple	Dependent Claims			
	14 -20 or HP	· = <u>0</u>	x	=	·		Fee (\$)	Fee Paid (\$)			
	HP = highest number	er of total claim	ns paid for, if	greater than 20).						
	Indep. Claims	Extra Cla	aims	Fee (\$)	Fee Paid	(\$)					
	2 -3 or HP		x		=						
	HP = highest numbe	er of independe	ent claims pa	id for, if greate	r than 3.						
	3. APPLICATION S		•	, 0							
	If the specification a		xceed 100 sh	neets of paper	(excluding elect	tronically file	ed sequence	or computer listings			
					125 for small e	ntity) for ea	ch additional	50 sheets or fraction			
	thereof. See 35 U.S					• •		(4) 5 5 1 (4)			
	Total Sheets	Extra She			additional 50 o			e (\$) Fee Paid (\$)			
	-100 =		/50 = _	(round u	p to a whole nu	imber)	х				
	4. OTHER FEE(S)							Fees Paid (\$)			
	Non-English Specific		•								
	Other (e.g., late filing	g surcharge):	Petition to	Revive Uninter	ntional Abandor	ned Applica	tion Fee	<u>1500</u>			
											
	SUBMITTED BY			15	sintentian NI - 1						
	SUBMITTED BY Signature	Evi M	I. Ame		gistration No.	47,028	Telephone	206-622-4900			